

2009 ELECTION CYCLE
SOS-MEDelbert Hosemann
SECRETARY OF STATECandidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTSCandidate's Name FRANCES FREDERICKSFull Address 3500 Meadowlark Drive, Gulfport, MS 39501Telephone 228-864-9319 (Fax) _____

E-mail _____

Office Sought Representative District 119 Political Party _____☐ Check here if above is different from previous report

TYPE OF REPORT

XX January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and
Political Committees____ Termination Report (Candidate will no longer accept contributions or make campaign
expenditures and has no outstanding campaign debt obligation) Required to terminate reporting
obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	\$	850.00	\$ 850.00
Total amount of disbursements	\$	3,057.62	\$ 3,057.62
Total amount of cash on hand	\$	17,090.27	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

1/20/09
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39208 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee FRANCES FREDERICKSReporting period 1/1/2009 through 12/31/2009

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Merck & Co., Inc.		<u>10</u> / <u>27</u> / <u>09</u>	\$ 250.00
Mailing Address _____		___ / ___ / ___	\$
City, State, Zip Code _____		___ / ___ / ___	\$
Name of Employer (Required) _____		___ / ___ / ___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name AT&T Miss.		<u>9</u> / <u>18</u> / <u>09</u>	\$ 200.00
Mailing Address 175 E. Capital St., Landmark Center		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39201		___ / ___ / ___	\$
Name of Employer (Required) _____		___ / ___ / ___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 200.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Zeneca Services		<u>11</u> / <u>10</u> / <u>09</u>	\$ 400.00
Mailing Address 1800 Concord Pike, P.O. Box 15437		___ / ___ / ___	\$
City, State, Zip Code Wilmington, DE 19850-5437		___ / ___ / ___	\$
Name of Employer (Required) _____		___ / ___ / ___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 400.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		___ / ___ / ___	\$
Mailing Address _____		___ / ___ / ___	\$
City, State, Zip Code _____		___ / ___ / ___	\$
Name of Employer (Required) _____		___ / ___ / ___	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee FRANCES FREDERICKSReporting period 1/1/2009 through 12/31/2009

ITEMIZED DISBURSEMENTS

A. Full name Running Water Baptist Church	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>5</u> / <u>1</u> / <u>09</u>	\$ 100.00
City, State, Zip Code Gulfport, MS 39501	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Ad	Aggregate Year-to-date	\$ 100.00
B. Full name MFDW	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>5</u> / <u>1</u> / <u>09</u>	\$ 180.00
City, State, Zip Code Gulfport, MS 39501	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Purchase of tickets	Aggregate Year-to-date	\$ 180.00
C. Full name Clarence Turner Campaign	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>5</u> / <u>1</u> / <u>09</u>	\$ 100.00
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Contribution	Aggregate Year-to-date	\$ 100.00
D. Full name Frances Fredericks	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>5</u> / <u>1</u> / <u>09</u>	\$ 166.57
City, State, Zip Code Gulfport MS 39501	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Reimbursement	Aggregate Year-to-date	\$ 166.57
E. Full name Frances Fredericks	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>6</u> / <u>2</u> / <u>09</u>	\$ 384.05
City, State, Zip Code Gulfport MS 39501	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Contribution Sheriel Perkins/Maxey Resolution	Aggregate Year-to-date	\$ 384.05
F. Full name Joseph Hudson Esq.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>6</u> / <u>23</u> / <u>09</u>	\$ 100.00
City, State, Zip Code Gulfport, MS	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Maxey fund raiser	Aggregate Year-to-date	\$ 100.00

Name of Candidate or Committee FRANCES FREDERICKSReporting period 1/1/2009 through 12/31/2009

ITEMIZED DISBURSEMENTS

A. Full name Miss. Baptist Seminary & Bible College Building Program		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		7 / 16 / 09	\$ 52.00
City, State, Zip Code		___ / ___ / ___	\$
Purpose of Disbursement (Optional) Special Offering		Aggregate Year-to-date	\$ 52.00
B. Full name Frances Fredericks		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		9 / 16 / 09	\$ 150.00
City, State, Zip Code		___ / ___ / ___	\$
Purpose of Disbursement (Optional) Refund - donation North Gulfport Civic Club		Aggregate Year-to-date	\$ 150.00
C. Full name Gulfport Admiral Diamond Club		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		10 / 6 / 09	\$ 100.00
City, State, Zip Code Gulfport MS 39501		___ / ___ / ___	\$
Purpose of Disbursement (Optional) Donation		Aggregate Year-to-date	\$ 100.00
D. Full name Sunny T. Lee		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		10 / 6 / 09	\$ 100.00
City, State, Zip Code Gulfport, MS 39501		___ / ___ / ___	\$
Purpose of Disbursement (Optional) Donation-Sydney Lee - sponsorship trip to Washington		Aggregate Year-to-date	\$ 100.00
E. Full name Frances Fredericks		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		10 / 6 / 09	\$ 150.00
City, State, Zip Code		___ / ___ / ___	\$
Purpose of Disbursement (Optional) Refund- - Tickets North Gulfport Civic Club		Aggregate Year-to-date	\$ 150.00
F. Full name St. Jude		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		10 / 27 / 09	\$ 25.00
City, State, Zip Code		___ / ___ / ___	\$
Purpose of Disbursement (Optional) Donation		Aggregate Year-to-date	\$ 25.00

Name of Candidate or Committee FRANCES FREDERICKSReporting period 1/1/2009 through 12/31/2009

ITEMIZED DISBURSEMENTS

A. Full name Alpha Kappa Alpha Sorority, Inc.		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		10 / 27 / 09	\$ 100.00
City, State, Zip Code		___ / ___ / ___	\$
Purpose of Disbursement (Optional) Donation Anika Shacora Walls		Aggregate Year-to-date	\$ 100.00
B. Full name V PAC		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		12 / 9 / 09	\$ 1,000.00
City, State, Zip Code		___ / ___ / ___	\$
Purpose of Disbursement (Optional) Donation		Aggregate Year-to-date	\$ 1,000.00
C. Full name WJZD-FM RADIO		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		12 / 22 / 09	\$ 300.00
City, State, Zip Code Gulfport, MS		___ / ___ / ___	\$
Purpose of Disbursement (Optional) Advertisment Order		Aggregate Year-to-date	\$ 300.00
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$